



Hospital Fiscal Report  
 State Form 49520 (R2 /7-02)  
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: HEALTHSOUTH DEACONESS REHABILITATION HOSPITAL (EVANSVILLE)

City of Hospital: Evansville

Year Begin: 01/01/2018 (mm/dd/yyyy format)

Year End: 12/31/2018 (mm/dd/yyyy format)

Person Completing the Report: Rhonda Ramsey

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Medicare Provider Number: 153025

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$61626695
Outpatient Patient Service Revenue	\$2404662
<b>Total Gross Patient Service Revenue</b>	<b>\$64031357</b>

2. Deductions From Revenue

Contractual Allowance	\$21713047
Other Deductions	\$0
<b>Total Deductions</b>	<b>\$21713047</b>

3. Total Operating Revenue

Net Patient Service Revenue	\$42318310
Other Operating Revenue	\$123698
<b>Total Operating Revenue</b>	<b>\$42442008</b>

4. Operating Expenses

Salaries and Wages	\$13880090	Employee Benefits	\$3245011
Depreciation and Amortization	\$1554548	Interest Expense	\$-108006

Bad Debt	\$770718	Other Expenses	\$6334176
Total Operating Expenses	\$25676537		

#### 5. Net Revenue and Expenses

Excess Revenue over Expenses	\$16765471	Total Assets	\$48028406
Net Non-operating Gains over Loss	\$0	Total Liabilities	\$16023265
Total Net Gains	\$16765471		

#### Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$46021292	\$13645305	\$32375987
Medicaid	\$5913828	\$3455237	\$2458591
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$12096237	\$4612505	\$7483732
Total	\$64031357	\$21713047	\$42318310

#### Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$0	\$0

#### Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss

Research	\$0	\$0	\$0
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Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$0	\$0
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	\$0
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	\$0

Statement Six: Charity Statement

Hospital Charity Charges	\$618759
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$274113	
HCI Payments	\$0		
Subtotal	\$0	\$274113	\$-274113
Medicaid Shortfalls	\$0	\$0	
Subtotal	\$0	\$0	\$0
DSH Payments	\$0		
Subtotal	\$0	\$0	\$0
Medicare Shortfalls	\$0	\$0	
Other Government Programs	\$0	\$0	
Total	\$0	\$0	\$0

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$0	\$0
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

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